

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 111600001		CITY OR TO	WN SHREWSI	BURY
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: BUCA REST	ΓAURANTS INC.			
DOING BUSINES	S A BUCA Di I	ЗЕРРО			
ADDRESS 7 BOS	TON TURNPIK	E			
CITY/TOWN: SH	IREWSBURY	STATE: MA	ZIP CODE	E: 01545	
MANAGER: WI	HITE, MARK	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:	-			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
EAST SIDE OF BI	LDG AND EXIT	APACITY OF 483 WITH IS ARE NORTH AND SO UPY 1/3 AND DINING A	OUTH SIDES. B.		
		nalties of perjury that:	IKLA IS 1/3		
•	-	be of the same type for the	ne same premises	now licensed;	
		ed with all laws of the Cor	-		
3. the pren	nises are now op	en for business (If not exp	plain below)		
SIGNED BY:					
	Individual, F	Partner or Authorized Cor	porate Officer		
D 4 500					
DATE:	TELEI	PHONE NUMBER:		OYER IDENTIFICAT	
			(Note. <u>NO</u>	T Individual Social S	Security Number)
		we are in possession (1) t			
		ing inspector and the he iquor liability insurance			
	c certificate of h	iquoi nuomity mouranee	-	_	
Please Check Below: APPROVED:	7			ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved exp	olain)				
DATE.					
DATE:					
APPLICATION FOR REN	EWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 111600002		CITY OR TOWN	SHREWSB	URY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME DOING BUSINESS	S A	ESTAURANT, INC.			
ADDRESS 50 BOS					
CITY/TOWN: SH	REWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: VAI LIN		YPE OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
		AURANT OF BRADL PPROX 2500 SQ FT		E CITY SHO	PPING
I hereby certify and	swear under penalti	es of perjury that:			
1. the renev	wed license will be o	of the same type for the	e same premises now	licensed;	
2. the licens	see has complied wi	th all laws of the Com	monwealth relating to	o taxes; and	
3. the prem	ises are now open for	or business (If not exp	lain below)		
SIGNED BY:	Individual Partn	er or Authorized Corp	porate Officer		
	marviduai, Farui	er of Authorized Corp	orate Officer		
DATE:			EMPLOYE		ON NUMBER.
DATE.	TELEPHO	NE NUMBER:		R IDENTIFICATI lividual Social Se	
			·		, , ,
Acts of 2004, signe	ed by the building i	re in possession (1) the inspector and the hea or liability insurance	d of the fire depart	ment for the a	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iain)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE I	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16.	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111600006		CITY OR TOWN	SHREWSE	BURY
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AMF BOWLING	CENTERS, INC			
DOING BUSINESS	A AMF TOWN &	COUNTRY BOWL	,		
ADDRESS 405 BOS	STON TURNPIKE				
CITY/TOWN: SHI	REWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: MAI	HONEY, ERIC ATY	PE OF LICENSE:	Lestaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
40 ten pin lanes, ele office. Lounge and l	ctronic gameroom, p kitchen area. Exits ar	•	_	op, control are	ea and
I hereby certify and	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	ne same premises no	w licensed;	
2. the licens	ee has complied with	n all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not ex	plain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Cor	porate Officer		
DATE:					
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(110tel <u>2102</u> II	idividuai Sociai S	recurry (valider)
	d, attest that we are				
	d by the building in certificate of liquor				
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		Old 1
DISAPPROVED:			•		
(If disapproved expl	ain)		-		
DATE.			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 111600010		CITY OR TOWN SHRE	WSBURY
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: SHREWSBUR	RY SPORTSMEN'S CLUB	3 INC.	
DOING BUSI	NESS A			
ADDRESS 30	4 BOYLSTON ST.			
CITY/TOWN:	SHREWSBURY	STATE: MA	ZIP CODE: 01545	5
MANAGER:	TOMAIOLO, JAMES	TYPE OF LICENSE: Club	CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE			
	RY BLDG AND BLOOF TWO STORE ROOMS		SKITCHEN, DINING ROO	OM, CLUB
I hereby certify	y and swear under pena	ilties of perjury that:		
1. the	renewed license will b	e of the same type for the s	same premises now licensed	1;
2. the	licensee has complied	with all laws of the Comm	onwealth relating to taxes;	and
3. the	premises are now oper	n for business (If not explain	in below)	
SIGNED BY:				
	Individual, Par	rtner or Authorized Corpor	rate Officer	
D 4 777				
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual So	FICATION NUMBER:
			(Note: NOT illulvidual Se	ocial Security Number)
We the under	rsigned, attest that we	e are in possession (1) the	certificate required by C	hapter 304 of the
			of the fire department for	
	_	uor nability insurance re	equired by Chapter 116 of	the Acts of 2010.
Please Check Beld APPROVED:			LOCAL LICENSING AU	JTHORITY
DISAPPROVED:			By:	
(If disapproved				
Tr	r /			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1116	00013	(CITY OR TOWN	SHREWSB	SURY
APPLICATION FOR REN	EWAL:	Annual	LICEN	SED FOR 20)13
	(CLASS			YEAR
LICENSEE NAME: ITAL	JAN AMERICAN VIC	TORY CLUI	B, INC.		
DOING BUSINESS A					
ADDRESS 26 DEWEY RD).				
CITY/TOWN: SHREWSE	BURY STAT	ΓE: MA	ZIP CODE:	01545	
MANAGER: ZENARO, J	OHN M. TYPE OF LIG	CENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AND I	ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICEN					
FIRST FLOOR WITH FOU MEMBERS BAR, TWO RO				COND FLOO	OR,
I hereby certify and swear u	nder penalties of perjur	y that:			
1. the renewed lice	nse will be of the same	type for the sa	ame premises now	licensed;	
2. the licensee has	complied with all laws of	of the Commo	onwealth relating to	o taxes; and	
3. the premises are	now open for business	(If not explain	n below)		
SIGNED BY:					
Indiv	vidual, Partner or Autho	rized Corpora	ate Officer		
DATE:	TELEPHONE NUMB	ER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
We the undersigned, attes	st that we are in posses	ssion (1) the o	certificate requir	ed by Chapte	er 304 of the
Acts of 2004, signed by th	e building inspector a	nd the head o	of the fire depart	ment for the	above named
license and (2) the certific	ate of liquor liability i	nsurance rec	quired by Chapte	r 116 of the <i>l</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	11600017		CITY OR TOW	N SHREWSI	BURY
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	IPAL, INC.				
DOING BUSINESS A	G. WILLICKER	RS RESTAURANT			
ADDRESS 896 HARTI	FORD PIKE				
CITY/TOWN: SHREW	WSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: LUZZO J.	, RICHARD TY	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
OUTSIDE PATIO ATT	ACHED TO TH	IE LEFT SIDE OF T	HE BLDG		
3. the premises SIGNED BY:	are now open fo	th all laws of the Con or business (If not exp	olain below)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building in	nspector and the he	ad of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	Ì		By:		
DISAPPROVED: (If disapproved explain))				
(1. stouppro rou explain)	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600019		CI	IY OK I	JWN	SHKEWSE	OUKI
APPLICATION FOR	RENEWAL:	Annu	ıal	L	ICEN	SED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME:	SCANDINAVIAN	N ATHLETIC (CLUB				
DOING BUSINESS A	A						
ADDRESS 00432R L	AKE ST						
CITY/TOWN: SHRI	EWSBURY	STATE:	MA	ZIP COI	DE:	01545	
MANAGER: STIDS	SEN, LARRY TY	PE OF LICEN	SE:Club		C	CATEGORY:	All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF L							
TWO FLOORS, ONE BAR, LOUNGE, CLUI CONNECTING PASS	B ROOM,KITCHE	EN AND STOR	REROOM;	ALSO A R	OOF	ED PAVILLI	
I hereby certify and sv	vear under penaltie	s of perjury tha	ıt:				
1. the renewe	d license will be of	f the same type	for the sar	ne premise	s nov	v licensed;	
2. the license	e has complied with	h all laws of the	e Common	wealth rela	ating	to taxes; and	
3. the premise	es are now open for	r business (If n	ot explain	below)			
SIGNED BY:	Individual, Partne	er or Authorized	1 Corporat	e Officer			
	marviduai, i artiic	or rumonzec	Corporat	e Officer			
DATE:	TELEDHON	NE NUMBER:		EMP	LOYE	R IDENTIFICAT	TION NUMBER:
	TELEFHOI	NE NUMBER.				dividual Social S	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and tl	he head of	the fire d	epart	tment for the	above named
Please Check Below:			J	LOCAL LI	CEN	SING AUTH	ORITY
APPROVED:			1	Ву:			
DISAPPROVED: (If disapproved explain							
(11 disappioved explai	11)						
DATE:							
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	H OF NOVEM	IBER (I	M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 111600020		CITY OR TOWN	SHREWSBURY
APPLICATION F	OR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: K, K & N, INCO	RPORATED		
DOING BUSINES	SS A DEAN PARK F	PIZZA & RESTAURA	NT	
ADDRESS 745 M	AIN ST.			
CITY/TOWN: SI	HREWSBURY	STATE: MA	ZIP CODE:	01545
MANAGER: KA	ARAGEORGIS, T	YPE OF LICENSE: Re	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	IISES:		
TAKE OUT AND	SIT DOWN RESTA ENS AND LADIES R	URANT SECTION. I	RST FLOOR IS PAR' KITCHEN IN REAR,S RANT. ONE ENTRAI	STORAGE AND
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be o	of the same type for the	e same premises now l	icensed;
2. the lice	nsee has complied wi	th all laws of the Com	monwealth relating to	taxes; and
3. the pres	mises are now open for	or business (If not exp	lain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, sign	ned by the building i	nspector and the hea	d of the fire departm	d by Chapter 304 of the ent for the above named 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-1-:-)			
(If disapproved ex	piaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111600021		CITY OR TOWN	SHREWSB	URY
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 20	13 YEAR
LICENSEE NAME: Pepper Dining Inc DOING BUSINESS A CHILI'S GRILL & ADDRESS 291 BOSTON TURNPIKE				1211
CITY/TOWN: SHREWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: LITWINETZ, TINA TYPE	E OF LICENSE: Resi	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEI		AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISS BRICK BLDG ADJACENT TO CVS WIT ONE FLOOR, BAR, FOOD KITCHEN,ST NEW KITCHEN REMODELED DINING	TH TWO ENTRANC	ADD'L ROOM FOR		
1. the renewed license will be of the 2. the licensee has complied with a 3. the premises are now open for be	he same type for the sall laws of the Comm	onwealth relating to		
SIGNED BY: Individual, Partner of	or Authorized Corpor	rate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the head	of the fire departm	nent for the a	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHC	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600023		CITY OR TOW	N SHKEWSE	OUKI
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GESANG VERAIN	FROHSINN			
DOING BUSINESS A	GESANG VERAI	N FROHSINN CLU	В		
ADDRESS 25 NO. QU	JINSIGAMOND				
CITY/TOWN: SHRE	EWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: BENO	IT, JAMES A. TYP	E OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:	_	_			
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
BASEMENT; ONE ROSECOND FLR; 2 ROS			TORAGE; FIRS	T FLR; 3 ROO	MS.
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of the	he same type for the	same premises no	w licensed;	
2. the licensee	has complied with	all laws of the Comm	nonwealth relating	g to taxes; and	
3. the premise	s are now open for b	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE.					
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
			(Note. <u>1401</u>	Individual Social S	security Number)
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 111600025		CITY OR TOWN	SHREWSBURY
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1 PINEL	A JD'S	AURANT, INC.		
CITY/TOWN: SHI	REWSBURY	STATE: MA	ZIP CODE:	01545
	AIRE, TY	PE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF ONE FLOOR, ONE RESTROOMS			AND WALK IN COO	LER, TWO
2. the licens	see has complied wit ses are now open fo	* *		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building in	nspector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	SHREWSB	URY
APPLICATION FOR RENEWAL: Annua	LICEN:	SED FOR 20	013
CLAS	S		YEAR
LICENSEE NAME: LITHUANIAN CHARITABLE SO	OCIETY, INC.		
DOING BUSINESS A			
ADDRESS 52 SO. QUINSIGAMOND			
CITY/TOWN: SHREWSBURY STATE:	MA ZIP CODE:	01545	
MANAGER: GIEDRYS, JOHN TYPE OF LICENS	E:Club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:			
MAIN FLR; DINING HALL ROOM,LOUNGE,KITCHI DINING ROOM,OFFICE,KITCHEN,OFFICE	EN, MEMBERS ROOM.	LOWER LEV	VEL;
I hereby certify and swear under penalties of perjury that	:		
1. the renewed license will be of the same type for	or the same premises now	licensed;	
2. the licensee has complied with all laws of the	Commonwealth relating to	taxes; and	
3. the premises are now open for business (If no	t explain below)		
SIGNED BY:			
Individual, Partner or Authorized	Corporate Officer		
D. LEW.			
DATE: TELEPHONE NUMBER:			ION NUMBER:
DATE: TELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		
We the undersigned, attest that we are in possession	(Note: <u>NOT</u> Ind	ividual Social So	er 304 of the
I ELEPHONE NUMBER.	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departi	ividual Social S	ecurity Number) er 304 of the above named
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departi	ividual Social S	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departion the note required by Chapte	ividual Social S	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura Please Check Below: APPROVED: DISAPPROVED:	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departa nace required by Chapter LOCAL LICENS	ividual Social S	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in possession of Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura Please Check Below: APPROVED:	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departa nace required by Chapter LOCAL LICENS	ividual Social S	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura Please Check Below: APPROVED: DISAPPROVED:	(Note: <u>NOT</u> Ind (1) the certificate require the head of the fire departa nace required by Chapter LOCAL LICENS	ividual Social S	er 304 of the above named Acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	11600032		CITY OR TOWN SHREW	SDUKI
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: LADOING BUSINESS A ADDRESS 20 BOSTOR CITY/TOWN: SHREW MANAGER: HANNU EMAIL ADDRESS: PLE DESCRIPTION OF LICE I hereby certify and swe	AUSTIN LIQU N TURNPIKE F WSBURY JM, JOHN TY ASE ALSO VISIT OUR CENSED PREM	ORS RD STATE: MA YPE OF LICENSE: Pac WEBSITE AND ENTER YOUR EN		Y: All Alcohol
 the renewed the licensee 	license will be o	of the same type for the	same premises now licensed; nonwealth relating to taxes; ar iin below)	nd
SIGNED BY:	ndividual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111600033		CITY OR	TOWN	SHREWSB	URY
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	K. G. LEE CO	RPORATION				
DOING BUSINESS	A HORTON'S	SUPER MARKET				
ADDRESS 117 CLI	NTON ST					
CITY/TOWN: SHR	REWSBURY	STATE:	MA ZIP C	ODE:	01545	
MANAGER: LEE,	KI SUNG	TYPE OF LICENS	SE:Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS			
DESCRIPTION OF						
TWO ROOMS-MAI TO BE USED FOR I			AR FOR STORA	GE. ONI	E STORY AD	DDITION
	ses are now oper	with all laws of the n for business (If no extraction or Authorized	t explain below)			
DATE: TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:111600034		Cľ	TY OR TOWN	SHREWSE	SURY
APPLICATION FOR	RENEWAL:	Annual LICENSED FOR 2013				
		CLA	SS			YEAR
LICENSEE NAME:	MANJULABEN S	S. CORPORAT	TON			
DOING BUSINESS A	A EDGEMERE DI	SOCUNT WI	NE & SPIR	ITS OF SHRE	WSBURY	
ADDRESS 010-12 H	ARTFORD PIKE					
CITY/TOWN: SHR	EWSBURY	STATE:	MA	ZIP CODE:	01545	
MANAGER: PATE	L, MEHUL C. TY	PE OF LICEN	SE:Packag	e Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREMI	SES:				
FIRST FLOOR OF A EXITS OR ENTRAN			ENTS ON 2	2ND AND 3RI	O FLOORS. N	O NEW
I hereby certify and sv	wear under penaltie	s of perjury tha	ıt:			
1. the renewe	ed license will be of	the same type	for the san	ne premises no	w licensed;	
2. the license	e has complied with	h all laws of th	e Common	wealth relating	to taxes; and	
3. the premis	es are now open for	r business (If n	ot explain l	pelow)		
SIGNED BY:						
5101,22 51.	Individual, Partne	r or Authorize	d Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYI	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT I	ndividual Social S	ecurity Number)
Please Check Below:			T	OCAL LICEN	ICINIC ALITHI	
APPROVED:				OCAL LICEN	ISING AUTHO	JRII I
DISAPPROVED:			ı	By:		
(If disapproved explain	in)					
			-			
			.=			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600036		Cľ	TY OR TOW	N SHREWSE	BURY		
APPLICATION FOR	RENEWAL:	Annua	al	LICENSED FOR 2013				
		CLAS	S			YEAR		
LICENSEE NAME: DOING BUSINESS A	A PRICE CHOP	PER #229	CO. OF N	MA. INC.				
ADDRESS 733 BOS								
CITY/TOWN: SHRI	EWSBURY	STATE:	MA	ZIP CODE:	01545			
MANAGER: MACI	RAE, RICK	TYPE OF LICENS	SE:Packag	e Store	CATEGORY:	All Alcohol		
EMAIL ADDRESS:								
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS				
DESCRIPTION OF L ONE FLOOR, ONE R								
	es are now open	vith all laws of the for business (If no	t explain b	pelow)	g to taxes; and			
DATE:	TELEPH	ONE NUMBER:			YER IDENTIFICAT Individual Social S			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)			OCAL LICE By:	NSING AUTHO	ORITY		
DATE:			-					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111600040		CITY OR TOWN SHREWSE	OURI
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: RAMANDI	EEP, INC.		
DOING BUSINESS A BOLLYW	OOD GRILL		
ADDRESS QUINSIGAMOND PI	LAZA		
CITY/TOWN: SHREWSBURY	STATE: MA	ZIP CODE: 01545	
MANAGER: GILL, MALKIAT	S. TYPE OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF LICENSED F			
TWO DOORS ARE IN THIS UN BOTH ON THE GROUND FLOO		NG ROOM AND WAITING RO	OOM,
I hereby certify and swear under p	enalties of perjury that:		
	ll be of the same type for the s	•	
•		onwealth relating to taxes; and	
3. the premises are now o	pen for business (If not explain	in below)	
SIGNED BY:	Partner or Authorized Corpor	rate Officer	
marviauai,	Tarther of Authorized Corpor	ate officer	
DATE:		EMPLOYER IDENTIFICAT	TON MIMBED
IELI	EPHONE NUMBER:	(Note: NOT Individual Social S	
We the undersigned, attest that Acts of 2004, signed by the build	ding inspector and the head	of the fire department for the	above named
license and (2) the certificate of	liquor liability insurance re	quired by Chapter 116 of the	Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600041		CITY OR TO	WN SHREWSI	DUKI
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
DOING BUSINESS A	THOMAS A HICKEY A HICKEY TOWN LI				
ADDRESS 40A MAF	PLE AVE				
CITY/TOWN: SHRI	EWSBURY	STATE: MA	ZIP CODI	E: 01545	
MANAGER: HICK	EY, KEVIN T. TYPE	OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
	ICENSED PREMISES				
	SALES AREA AND S NE FRONT DOOR A				E
	e has complied with all es are now open for bu Individual, Partner or	siness (If not expl	ain below)	ing to taxes; and	
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICATION $f T$ Individual Social $f S$	
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 n)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 111600043		CITY OR TOV	VN SHREWSI	DUKI
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: DORIGHT STEAL	KHOUSE, INC			
DOING BUSINESS	S A WILLY'S STEAL	KHOUSE GRILL & I	BAR & WILLY'	S TUSCAN	
ADDRESS 2 GRAF	FTON ST				
CITY/TOWN: SH	REWSBURY	STATE: MA	ZIP CODE	: 01545	
MANAGER: PARG.	RADIS, ROBIN TY	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
KITCHEN AREA,	STORAGE AREA, D	ININGROOM AND	BAR/ EATING	AREA.	
•	swear under penalties				
		the same type for the			
	-	all laws of the Comm		ng to taxes; and	
3. the prem	ises are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLC	YER IDENTIFICA	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	e in possession (1) the	l of the fire dep	artment for the	above named
	certificate of fiquor	liability insurance r	-	_	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111600049		CITY OR TOWN	SHREWSE	BURY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 84 BOS	TON TURNPIKE				
CITY/TOWN: SHI	REWSBURY	STATE: MA	ZIP CODE:	01545	
	BINSON, TY	PE OF LICENSE: Res	staurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI	EBSITE AND ENTER YOUR EN	AAIL ADDRESS		
2. the licens	see has complied with	the same type for the a all laws of the Comm business (If not expla	nonwealth relating t		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:			TION NUMBER:
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance r	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11	1600050		CITY	OR TOWN	SHREWSB	SURY
APPLICATION FOR RE	ENEWAL:	Annua	1	LICEN	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: JO	HN GRANDE	AND MONA L.	GRANDE			
DOING BUSINESS A	GRANDE'S MA	ARKET				
ADDRESS 59 SOUTH (QUINSIGAMO	ND AVE				
CITY/TOWN: SHREW	SBURY	STATE:	MA ZI	P CODE:	01545	
MANAGER:	T	YPE OF LICENS	E:Package St	core CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICI ONE ROOM, BACK RO	ENSED PREM		OUR EMAIL ADD	RESS		
1. the renewed li 2. the licensee ha 3. the premises a SIGNED BY:	ns complied wi	th all laws of the	Commonwea explain belo	lth relating to w)		
DATE:	TELEPHO	NE NUMBER:	(1	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numb		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 111600055		CITY OR TO	WN SHREWSE	BURY	
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 380 MAI	A Udupi	ın, Inc				
CITY/TOWN: SHR	EWSBURY	STATE: MA	ZIP CODI	E: 01545		
MANAGER: Lewis	s, Rufus P	TYPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
:	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION OF I	LICENSED PI	REMISES:				
		CATED IN FAIRLAWN ONT AND REAR OF ST		NG CENTER.		
I hereby certify and s	wear under per	nalties of perjury that:				
1. the renew	ed license will	be of the same type for the	ne same premises	now licensed;		
2. the license	ee has complie	d with all laws of the Con	nmonwealth relat	ing to taxes; and		
3. the premis	ses are now op	en for business (If not exp	olain below)			
SIGNED BY:						
	Individual, P	Partner or Authorized Cor	porate Officer			
DATE:	TELEI	PHONE NUMBER:		OYER IDENTIFICAT		
			(Note: NO	(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d by the buildi	we are in possession (1) t ing inspector and the he iquor liability insurance	ad of the fire de	partment for the	above named	
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:	 .:)					
(If disapproved expla	1111 <i>)</i>					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 10	6A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600056		CITY OR TOWN SHRE	WSBUKI
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME: 7 DOING BUSINESS A ADDRESS 20 BOSTO CITY/TOWN: SHRE	OSAKA ON TURNPIKE	ORCESTER,INC. STATE: MA	ZIP CODE: 0154	5
MANAGER: NGUY				PRY: All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBSI			
DESCRIPTION OF LI QPPROX.3,270 SQ. F ENTRANCES & EXIT	Γ.STORE LOCATED		ANCY BLDG. WITH FRO	ONT & REAR
2. the licensee	license will be of the	same type for the slaws of the Comm	same premises now license conwealth relating to taxes; in below)	
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004, signed b	y the building inspec	ctor and the head	certificate required by C of the fire department fo equired by Chapter 116 or	r the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENSING A'By:	UTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111600057		CITY OR TOWN	SHREWSB	URY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: RED ASSOC	IATES, LLC			
DOING BUSINESS A MOE'S SOU	JTHWEST GRILL			
ADDRESS 61 BOSTON TURNPIK	E			
CITY/TOWN: SHREWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: ROULEAU, RYAN	TYPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LICENSED PR	EMISES:			
FRONT PORTION OF BUILDING				
EXITS, ONE LEFT FRONT OF BL REAR OF KITCHEN	DG, I LEFT REAR OF BL	DG. AND I SERV	ICE ENTRA	NCE IN
I hereby certify and swear under pen				
1. the renewed license will l	• •	-		
2. the licensee has complied3. the premises are now ope		=	taxes; and	
3. the premises are now ope	ii for business (ii not explai	ii below)		
SIGNED BY:				
	artner or Authorized Corpor	ate Officer		
DATE: TELEP	HONE NUMBER:	EMPLOYER	IDENTIFICATI	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that w	e are in possession (1) the	certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building				
license and (2) the certificate of lie	quor hability insurance re	quired by Chaptei	r 116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
· · · · · · · · · · · · · · · · · · ·				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600058		CITYOR	IOWN	SHKEWSE	OUKI
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 507 BOST	MICKEY'S	MINI MART				
CITY/TOWN: SHRE	WSBURY	STATE: M.	A ZIP C	ODE:	01545	
MANAGER: Patel, K	Kushal S	TYPE OF LICENSE:	Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF LI	CENSED PR	REMISES:				
		R WITH STORAGE, R LK-IN COOLING FAC		IN BAC	K. TWO	
3. the premises	s are now ope	d with all laws of the Co	xplain below)		o taxes; and	
DATE:	TELEF	PHONE NUMBER:				TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111600059		CITY OR TOW	N SHREWSE	BURY
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 206 SOU	A KNIGHTS OF C				
CITY/TOWN: SHI	_	STATE: MA	ZIP CODE:	01545	
	LEGRINO, TY	YPE OF LICENSE: Cli		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR E ISES:	MAIL ADDRESS		
2. the licens	ved license will be o see has complied wit	es of perjury that: f the same type for the th all laws of the Com- br business (If not expl	monwealth relating		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO:	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building in	re in possession (1) the aspector and the hear I liability insurance i	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600061		CITY OR TOW	N SHREWSI	BURY
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Bauhinia, Inc				
DOING BUSINESS A	A Bauhina Res	taurant			
ADDRESS 271 Graft	on St				
CITY/TOWN: SHRI	EWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: Wong	Kin Shing	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PR	EMISES:			
one story bldg with a	waiting area an	d lobby in front.2 dining	rooms, kitchen on	main level	
I hereby certify and sv	vear under pen	alties of perjury that:			
1. the renewe	d license will b	be of the same type for the	e same premises no	w licensed;	
2. the license	e has complied	with all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	es are now ope	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOY	ER IDENTIFICA	ΓΙΟΝ NUMBER:
	ILLLI	HOIVE IVENIBER.	(Note: NOT	Individual Social S	Security Number)
	_				
		e are in possession (1) thing inspector and the hea			
, 0	•	quor liability insurance	_		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 111600062		CITY OR TOWN	SHREWSBURY
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: JAPII, INC.			
DOING BUSINE	SS A ELSA'S EA	ΓERY		
ADDRESS 27-33	BOSTON TURN	PIKE		
CITY/TOWN: S	HREWSBURY	STATE: MA	ZIP CODE:	01545
	AQUETTE, EFFREY A.	TYPE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PR			
	OUT BASEMENT CY EXIT IN BAC	Γ, APPROX. 2700 S/F, 2 CK.	ENTRANCE DOOR	LS (FRONT & BACK),
I hereby certify an	nd swear under pen	alties of perjury that:		
1. the rer	newed license will l	be of the same type for the	ne same premises now	/ licensed;
2. the lice	ensee has complied	l with all laws of the Cor	nmonwealth relating	to taxes; and
3. the pre	emises are now ope	en for business (If not exp	plain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
We the undersig	ned, attest that w	e are in possession (1) t	the certificate requir	red by Chapter 304 of the
Acts of 2004, sig	ned by the building	ng inspector and the he	ad of the fire depart	ment for the above named
license and (2) t	he certificate of li	quor liability insurance	required by Chapte	er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved ex				
(II disappio ved ez	·P······/			
DATE:				
APPLICATION FOR RE	NEWAL MUST BE FILEI	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:111600064		CITY OR TOWN	SHREWSE	BURY
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	KBB Enterprises	, LLC			
DOING BUSINESS	A Imperial Buffet				
ADDRESS 380 Mapl	e Ave				
CITY/TOWN: SHR	EWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: Cheng	g, Brian K. T	YPE OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	MISES:			
8055 sq ft rest with th	ree entrances and	exits			
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renewe	ed license will be	of the same type for the	same premises now	v licensed;	
2. the license	e has complied w	ith all laws of the Com	monwealth relating	to taxes; and	
3. the premis	es are now open f	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETT	TVE TVENDER.	(Note: NOT In	dividual Social S	Security Number)
		re in possession (1) th inspector and the head			
		or liability insurance i			
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:	311107101111	Old I
DISAPPROVED:			-5.		
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 1116000068		CITY OR TOWN SHREW	SDUKI
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSINESS	BAK FOCUS INC. A STONEY HILL V ARTFORD TURNPII REWSBURY	VINE AND LIQUO	ZIP CODE: 01545	
		PE OF LICENSE: Pac		Y: All Alcohol
EMAIL ADDRESS DESCRIPTION OF		EBSITE AND ENTER YOUR E		
APPROX 1,500 SQ	. FT. ONE STORY B	UILDING WITH BA	ASEMENT AREA.	
	ises are now open for			nd
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	11600069		CITY OR TOWN	SHREWSE	BURY
APPLICATION FOR F	RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: (CHIPOTLE MEXICAN	GRILL OF CO	LORADO LLC		
DOING BUSINESS A	CHIPOTLE MEXICA	N GRILL			
ADDRESS 97 BOSTO	N TURNPIKE ROAD-	QUINSIGAMO	ND PLAZA		
CITY/TOWN: SHREY	WSBURY S	STATE: MA	ZIP CODE:	01545	
MANAGER: STEVE LE	NS,DANIEL TYPE O	F LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LI					
CASUAL DINING ME DIDNG AREA	XICAN RESTAURAN	T SERVING BO	OTTLED BEER &	MARGARIT	'AS IN
I hereby certify and swe	ear under penalties of pe	erjury that:			
1. the renewed	license will be of the sa	ame type for the	same premises nov	v licensed;	
2. the licensee	has complied with all la	aws of the Comm	nonwealth relating	to taxes; and	
3. the premises	are now open for busing	ness (If not expla	in below)		
SIGNED BY:	Individual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	JMBER:		R IDENTIFICAT	
We the undersigned, a Acts of 2004, signed blicense and (2) the cer	y the building inspect	or and the head	certificate requi of the fire depar	red by Chapte tment for the	er 304 of the above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 1116000/1		CITY OR TOWN SHREWS	DUKI
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	THAI PLACE 4 COI	RPORATION		
DOING BUSINESS	A THAI PLACE			
ADDRESS 50A BO	STON TURNPIKE			
CITY/TOWN: SHE	REWSBURY	STATE: MA	ZIP CODE: 01545	
	NTHAVONG,PTYPE NESAVANH	OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
2100 SF BLDG WIT	TH TWO EXITS, 50 SI	EATS, 2 RESTROO	OMS	
I hereby certify and s	swear under penalties o	f perjury that:		
		* *	same premises now licensed;	
2. the licens	ee has complied with a	ll laws of the Comm	nonwealth relating to taxes; and	
3. the premi	ses are now open for bu	ısiness (If not expla	in below)	
SIGNED BY:				
	Individual, Partner o	r Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
We the undersigne	d. attest that we are i	nossession (1) the	certificate required by Chap	ter 304 of the
Acts of 2004, signe	d by the building insp	ector and the head	of the fire department for the	e above named
license and (2) the	certificate of liquor lia	ability insurance re	equired by Chapter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	ain)			
DATE:				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	1BER: 111600072		CITY OR TOWN S	HREWSBURY
APPLICATION	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: SHREWSBU	RY PUB LLC		
DOING BUSIN	IESS A THE BULL	PEN		
ADDRESS 3 T	ENNIS DRIVE			
CITY/TOWN:	SHREWSBURY	STATE: MA	ZIP CODE:)1545
	MASTRO, MICHAEL J.	TYPE OF LICENSE:	destaurant CAT	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
HEALTH/FITN		SPORTS FACILITY A	ΓED WITHIN PREMISE Γ 3 TENNIS DRIVEΜ	
I hereby certify	and swear under pen	alties of perjury that:		
1. the r	enewed license will l	be of the same type for the	ne same premises now lic	ensed;
2. the 1	icensee has complied	with all laws of the Cor	mmonwealth relating to ta	ixes; and
3. the p	oremises are now ope	n for business (If not ex	plain below)	
SIGNED BY:	T 11 1 1 D		. O.C.	
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:			EMBLOWED ID	ENTERCATION NUMBER
DATE.	TELEP	HONE NUMBER:		ENTIFICATION NUMBER: dual Social Security Number)
			` <u></u>	
Acts of 2004, s	igned by the building	ng inspector and the he	the certificate required and of the fire department required by Chapter 1	nt for the above named
Please Check Belov	<u>w:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111600073	•	CITY OR TOWN SHREWSBURY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	1
LICENSEE NAME: NFP LLC			
DOING BUSINESS A LAKESIDE BAI	R & GRILLE		
ADDRESS 97 BOSTON TURNPIKE			
CITY/TOWN: SHREWSBURY	STATE: MA	ZIP CODE: 01545	
MANAGER: PANARELLI, TY FRANK	PE OF LICENSE: Rest	aurant CATEGORY: All A	lcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
2047 SQ FT RESTAURANT SETTING ENTRANCE/EXIT, ONE SIDE ENTRA DELIVERIES IN BACK OF BUILDING	NCE/EXIT AND ONE		Γ
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now licensed;	
2. the licensee has complied with	n all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY:			
Individual, Partne	r or Authorized Corpor	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NU (Note: <u>NOT</u> Individual Social Security !	
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire department for the above	named
<u>Please Check Below:</u>		LOCAL LICENSING AUTHORITY	•
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaiii)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 1116000/4		CITY OR TOWN SHREY	VSDUKI
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
	IE: TURNPIKE DISCO SS A TURNPIKE DISC	_	IC.	
ADDRESS 168 B	OSTON TURNPIKE			
CITY/TOWN: S	HREWSBURY	STATE: MA	ZIP CODE: 01545	
MANAGER: PA	ATEL, SANGITA TYPI	E OF LICENSE: Pac	ckage Store CATEGOR	RY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (OF LICENSED PREMISI	ES:		
1700 SQ. FT. AR	EA LOCATED IN STRI	P MALL WITH FR	ONT & REAR ENT/EXITS.	
	ensee has complied with a emises are now open for b		monwealth relating to taxes; a ain below)	and
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENSING AU By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 111600075	C	TITY OR TOWN SHREW	SBURY
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: BRUCE R TROTT	°O.		
DOING BUSIN	NESS A DINKY'S RESTA	AURANT		
ADDRESS 70	CLINTON STREET			
CITY/TOWN:	SHREWSBURY	STATE: MA	ZIP CODE: 01545	
MANAGER:	TROTTO, BRUCE TYPER.	PE OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
CARMAIN I ON EAST, SO	ENTRANCE & EXIT ON	NORTH SIDE OF BLI BLDG CONSISTS OF 2	NG ATTACHED DINING DGSERVICE ENTRANCE DINING ROOMS, KITCH	
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the sa	me premises now licensed;	
	*		nwealth relating to taxes; and	d
3. the p	premises are now open for	business (If not explain	below)	
SIGNED BY:	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, s	signed by the building in	spector and the head o	ertificate required by Cha f the fire department for tl uired by Chapter 116 of th	he above named
Please Check Belo	w:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111600076		CITY OR TOW	N SHKEWSI	OURI
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		PER OPERATING CO.	OF MA.INC.		
ADDRESS 731 BOST					
CITY/TOWN: SHRI	EWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER: MACE	RAE, RICK	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRI	EMISES:			
SUPERMARKET CO	NSISTING OF	F 64,000 SQ. FT. GROU	IND FLOOR.		
2. the licensee	e has complied	e of the same type for the with all laws of the Corn for business (If not exp	nmonwealth relating		
	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 111600077		CITY OR TOV	VN SHREWS	BURY	
APPLICATION FO	R RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	: OLD SHREWSBU	JRY RESTAURAN	NT INC.			
DOING BUSINESS	S A JIMMY'S TAVE	ERN & GRILL				
ADDRESS 50 BOS	TON TURNPIKE					
CITY/TOWN: SHI	REWSBURY	STATE: MA	ZIP CODE	: 01545		
MANAGER: KAI PET	/	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	R EMAIL ADDRESS			
	LICENSED PREMI					
-	GLE STORY BLOCK					
• •	swear under penaltie	1 0 0				
	wed license will be of	* *	•			
	see has complied with			ng to taxes; and		
3. the prem	ises are now open for	r business (If not ex	plain below)			
SIGNED BY:	To I' 'I al Deserve		000			
	individual, Partne	r or Authorized Cor	rporate Officer			
D.A. III.						
DATE:	TELEPHON	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NO	L Individual Social	Security Number)	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the he	ead of the fire dep	artment for the	e above named	
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:	Lain)					
(If disapproved expl	am)					
			-			
DATE:						
DINIL.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 111600078		CITY OR TOWN	SHREWSB	URY
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	AME: SKI WARD, II	NC.			
DOING BUSIN	NESS A SKI WARD	SKI AREA			
ADDRESS 100	00 MAIN STREET				
CITY/TOWN:	SHREWSBURY	STATE: MA	ZIP CODE:	01545	
MANAGER:	ANDERSON, JENNY R.	TYPE OF LICENSE: Resi	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION	N OF LICENSED PRE	EMISES:			
1. the 1	licensee has complied	e of the same type for the swith all laws of the Comm i for business (If not expla	onwealth relating to		
SIGNED BY:	Individual, Par	rtner or Authorized Corpor	rate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the head uor liability insurance re	of the fire departm	nent for the	above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 111600079		CITY OR TOW	N SHREWSE	BURY
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DM WINE &	SPIRITS, INC.			
DOING BUSINESS	S A				
ADDRESS 539-57	I BOSTON TUP	RNPIKE , ROUTE 9			
CITY/TOWN: SH	REWSBURY	STATE: MA	ZIP CODE:	01545	
	RTELL, CHAEL S.	TYPE OF LICENSE:F	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF					
SUPERMARKET I TO INCLUDE A SI	LOCATED AT 5 ECURED STOR	INGLE STORY STRUC 39-571 BOSTON TURI AGE AREA. ENTRAN 47 SQ FT STORAGE C	MPIKE . CONSIST CES/EXITS LOCA	NG OF 1361 S TED IN FRON	SQ. FT
 the renev the licen 	wed license will see has complied	nalties of perjury that: be of the same type for the divith all laws of the Content for business (If not ex	mmonwealth relating		
SIGNED BY:	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SHREWSBURY		
al LICENSED FOR 2013		
YEAR		
A ZIP CODE: 01545		
Package Store CATEGORY: Wine and Malt Regular		
R EMAIL ADDRESS		
STORE CONSISTS OF 1,568 SQ.FT. AND		
ommonwealth relating to taxes; and splain below)		
orporate Officer		
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
LOCAL LICENSING AUTHORITY By:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:111000081		CITY OR TO	WN SHREWSE	OUKI
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		ESTAURANT COR	P.		
ADDRESS 84 BOST					
CITY/TOWN: SHR		STATE: M	A ZIP CODI	E: 01545	
MANAGER: TEST	'A, JOHN E. TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
3746 sq ft interior fee indoor seats & 16 pat	_	g mixed-use shoppi	ng center with 579	9 sq ft patiowill l	have 103
2. the license	ed license will be of ee has complied wit	s of perjury that: f the same type for the the the Co r business (If not ex	mmonwealth relat		
SIGNED BY:	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHOI	NE NUMBER:		OYER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the h	ead of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					